



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
TOTAL RETENTION FACILITIES
TOTAL RETENTION FACILITIES with LAND APPLICATION
WASTEWATER BYPASS FORM

RECEIVED

AUG 31 2017

ECLS

DEQ Facility ID: _____ Facility Name: Rural Water Sewer District No. 20 County: Pittsburg

Report all Total Retention Facility and
Total Retention Facilities with Land Application
wastewater bypasses to
DEQ/ Environmental Complaints and Local Services
within 24 hours at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results
within 5 days to:

Department of Environmental Quality
Environmental Complaints and Local Services
P.O. Box 1677
Oklahoma City, OK 73101-1677
Fax No. (405) 702-6226

DEQ notified: 8 25 2017 4:22 ☐ AM ☒ PM
Month Day Year Time

Period of bypass: From 8 25 2017 12:00 ☐ AM ☒ PM
To _____ ☐ AM ☐ PM
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass ☐ Raw ☒ Partially Treated Amount of Bypass: _____

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: _____

Geographical location of bypass and receiving stream if appropriate: NE corner of Basin 3
at Lat. 35.210292° Long. -95.535336°

Reason for bypass: Heavy rainfall

Steps taken to prevent recurrence: make repairs to Basin 3 as needed

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? _____

Impact to receiving stream and /or surrounding areas: minimal due to excessive rainfall to area

Steps taken to clean up or treat bypass: Lime was applied to affected area

Reported by: Laci Allen Title: Admin Mgr

Signature: [Signature] Date: 8.25.17
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☒ Phone or ☒ Site Visit Date: _____ Follow up Site Visit ☐ Date: _____

Geographical location of bypass and receiving stream if appropriate: _____

Reason for bypass: _____

Steps taken to prevent recurrence: _____

Impact to receiving stream and/or surrounding areas: _____

Steps taken to clean up or treat bypass: _____

Corrective action needed: _____ Comply by date: _____

Reported information confirmed: ☐ Yes ☐ No If no, explain: _____

Comments: _____

Signature: _____ ID #: _____ Date: _____

ECLS Representative